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Bib Data Sheet

CONFIRMATION NO. 3587

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/040,291	10/25/2001 RULE	315	2821	C01104/70088 (RFG/JT)

APPLICANTS

Frederick M. Morgan, Quincy, MA;
Ihor A. Lys, Boston, MA;
George G. Mueller, Boston, MA;
Kevin J. Dowling, Westford, MA;
Timothy Holmes, Jacksonville, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/243,250 10/25/2000
and claims benefit of 60/296,377 06/06/2001
and claims benefit of 60/297,828 06/13/2001
and claims benefit of 60/290,101 05/10/2001
and is a CIP of 09/669,121 09/25/2000 PAT 6,806,659
which is a CON of 09/425,770 10/22/1999 PAT 6,150,774
which is a CON of 08/920,156 08/26/1997 PAT 6,016,038
This application 10/040,291
is a CIP of 09/215,624 12/17/1998 PAT 6,528,954
which claims benefit of 60/090,920 06/26/1998
and claims benefit of 60/079,285 03/25/1998
and claims benefit of 60/078,861 03/20/1998
and claims benefit of 60/068,792 12/24/1997
and claims benefit of 60/071,281 12/17/1997
This application 10/040,291
is a CIP of 09/213,607 12/17/1998 ABN
and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919
and is a CIP of 09/213,581 12/17/1998
and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745
and is a CIP of 09/333,739 06/15/1999
and is a CIP of 09/344,699 06/25/1999
and is a CIP of 09/616,214 07/14/2000
and is a CIP of 09/870,418 05/30/2001
and is a CIP of 09/805,368 03/13/2001
and is a CIP of 09/805,590 03/13/2001
and is a CIP of 09/870,193 05/30/2001 PAT 6,608,453
and is a CIP of 09/742,017 12/20/2000 ABN
which is a CON of 09/213,548 12/17/1998 PAT 6,166,496

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/12/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 20	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 4
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Verified and Acknowledged	Examiner's Signature	Initials										
ADDRESS 37462												
TITLE METHODS AND APPARATUS FOR REMOTELY CONTROLLED ILLUMINATION OF LIQUIDS												
FILING FEE RECEIVED 2392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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